Image# 11932307892 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mary Bono Mack (b) Address (number and street)	- (A)
(b) Address (number and street) PO Box 3370 (c) City, State and ZIP Code Palm Springs CA 92263-3370 CA Party Affiliation REPUBLICAN PARTY CA DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	(A)
PO Box 3370 (c) City, State and ZIP Code Palm Springs CA 92263-3370 4. Party Affiliation REPUBLICAN PARTY CA 92263-3370 5. Office Sought House CA 3. Is This Statement (N) OR DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	(A)
(c) City, State and ZIP Code Palm Springs CA 92263-3370 3. Is This Statement (N) OR 4. Party Affiliation REPUBLICAN PARTY For a state & District of Candidate CA 36 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	(A)
4. Party Affiliation REPUBLICAN PARTY DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	- (A)
REPUBLICAN PARTY House CA 36 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
_	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) 2012 (year of election)	
NOTE: This designation should be filed with the appropriate office listed in the instructions.	
(a) Name of Committee (in full)	
Mary Bono Mack Committee	
(b) Address (number and street)	
PO Box 3370	
(c) City, State and ZIP Code	
Palm Springs CA 92263-3370	
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE: This designation should be filed with the principal campaign committee.	f my
(a) Name of Committee (in full)	
Macks' Joint Committee	
(b) Address (number and street)	
PO Box 65075	
(c) City, State and ZIP Code	
Washington DC 20035	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete	ete.
Signature of Candidate Date	
Mary Bono Mack 08/29/2011	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.	
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FEC FORM 2 (REV. 02/2009)

Alexandria

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(including Joint Fundraising Representatives)
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
NOTE: This designation should be filed with the principal campaign committee.
(a) Name of Committee (in full)
Mary Bono Mack Victory Fund
(b) Address (number and street)
228 South Washington Street Suite 115
(c) City, State and ZIP Code

22314

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